

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002276

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 23 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Webb CityLength of stay in lb
3yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 823 West Second St.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Jasper

c. CITY OR TOWN Webb City,

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
823 W. Second St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Walter

Middle

Wesley

Last

Holmes

4. DATE OF DEATH

Month

January

Day

13, 1962

Year

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/19/1874

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

Hours

IF UNDER 24 HR
Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dairy Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Dairy

11. BIRTHPLACE (City and state or country)

Sullivan, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Holmes

13b. MOTHER'S MAIDEN NAME

Mollie Moxley

14. NAME OF HUSBAND OR WIFE

Geraldine Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Geraldine Holmes; Webb City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute circulatory failure

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary thrombosis

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-13-61, to 1-13-62 and last saw him alive on 12-30-61
Death occurred at 12:00 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. O.

22b. ADDRESS

624 W. Broadway, Webb City, Mo.

22c. DATE SIGNED

1-15-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1/15/1962

23c. NAME OF CEMETERY OR CREMATORY

Oronogo Cemetery

23d. LOCATION (City, town, or county)

Oronogo

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hedge Lewis Funeral Home

Webb City, Mo.

25. DATE RECD. BY LOCAL REG.

1-15-62

26. REGISTRAR'S SIGNATURE

Mrs. Madeline Sirtzger

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. J. Lewis Jr.

Licensed Embalmer No. *4561*

P. O. Address *Wills City, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.